

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

091673095

FILING DATE

9/28/00

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				2		
4				00		
5				00		
6				00		
7				00		
8				00		
9				00		
10				0		
11			1			
12				1		
13				2		
14				2		
15				2		
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TOTAL IND.	2		2			
TOTAL DEP.		18		20		
TOTAL CLAIMS	20		22			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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